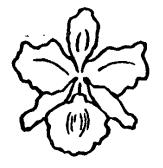
2001 UNIFORM BUSINESS REPORT (UBR)

May 23, 2001 8:00 am Secretary of State **DOCUMENT # J12129** 1. Entify Name 05-23-2001 91191 007 ***150.00 ORCHID SPRINGS TRAVEL, INC. Principal Place of Business Mailing Address 900 ORCHID SPRGS DR #101 900 ORCHID SPRGS DR #101 WINTER HAVEN FL 33884 WINTER HAVEN FL 33884 US 2. Principal Flace of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2779561 Not Applicable Country Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KNIGHT, DIANE S Street Address (P.O. Box Number is Not Acceptable) 1 SPENCER SHORES HAINES CITY FL 33844 City Zip Code FL 8. The above named entity submits this statement for the purpose of changing its egistered office or registered agent, or both, in the State of Florida SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE FEE IS \$150.00 FILE NOW! 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 200 1 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payab to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition ☐ Change CR2E034 (10/00 ☐ Delete TITLE TITLE KNIGHT, DIANE S. NAME NAME STREET ADDRESS 1 SPENCER SHORES STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HAINES CITY FL 33844 THILE SD ☐ Delete TIFLE ☐ Change Addition NAME TATE, ELLEN R. STREET ADDRESS STREET ADDRESS 203 S MARIAM LK DR CITY-ST-ZIP CITY-ST-ZIP WINTER HAVEN FL 33884 TITLE DT ☐ Delete TITLE ☐ Change ☐ Adultion LOFTUS, CAROLYN S. NAME STREET ADDRESS 2007 VARNER CIRCLE, SE STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP WINTER HAVEN FL 33884 ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change __ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Add tion TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this report or supplemental report is true and accurate and that my agnature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as adulted by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

of the corporation or the receiver or trustee empowered to execute this report as changed, or on an attachment with an address, with all other like empowered.



ORCHID SPRINGS TRAVEL, Inc.

900 ORCHID SPRINGS DRIVE SUITE 101 WINTER HAVEN, FLORIDA 33884 (863) 324-7792 (863) 324-7798/FAX

May 18, 2001

Florida Department of State Division of Corporations P.O. box 6327 Tallahassee, Florida 32314

To Whom It May Concern:

We are filing this report late as we have been going through some financial turmoil. Due to the airlines severely cutting our commissions, we have been hard pressed to survive this year. We had to take a loan in January of this year to jet through this trying time.

I was advised by your office today, May 18th, via telephone conversation, to file as usual (with the regular fee and a letter of explanation), and possibly the penalty could be waived.

We have never been late for 12 years and we are so sorry to have been this year.

Thank You! Sincerely,

Diane S. Knight

President